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**COMPARISON OF ALCOHOL AND OTHER DRUG ABUSE TREATMENT  
EXPENDITURES AND ADMISSIONS IN MISSOURI WITH NATIONAL  
AVERAGES OBTAINED FROM THE 1987 SADAP REPORT**

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ABSTRACT

The State of Missouri ranks 43rd for alcohol and other drug abuse expenditures and 35th in admissions of clients in publicly funded alcohol and other drug abuse programs. This compares with a ranking of 15th in population and 25th in per capita income.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) conducts an annual survey of state alcohol and other drug abuse agencies to collect data on publicly funded alcohol and other drug abuse treatment. The project, which is called the State Alcohol and Drug Abuse Profile (SADAP), is the only national data resource available for alcohol and other drug abuse service delivery. The SADAP project is entirely voluntary, yet all 50 states, the District of Columbia, and the territories of American Samoa, Guam, Puerto Rico, and the Virgin Islands participate in the survey. NASADAD recently issued summary statistics for Fiscal Year 1987, the latest year for which data are available (Butynski and Canova, 1988). The purpose of the present report is to compare data collected in Missouri with national data.

Expenditures

Figure 1 compares the Fiscal Year 1987 average per capita expenditure for the 55 states and territories with the Missouri per capita expenditure for alcohol and other drug abuse programs. In Fiscal

Year 1987 the average per capita expenditure for the United States was \$7.38. The corresponding figure for Missouri was \$3.22. Missouri ranked 43rd in per capita expenditure. When this is compared to a population ranking of 15 and a per capita income ranking of 25, expenditures for alcohol and other drug services seem to be disproportionately low. Although from Fiscal Year 1985 to Fiscal Year 1987, Missouri's per capita expenditure increased by 41%, Missouri's per capita expenditure is still only 43% of the national average.

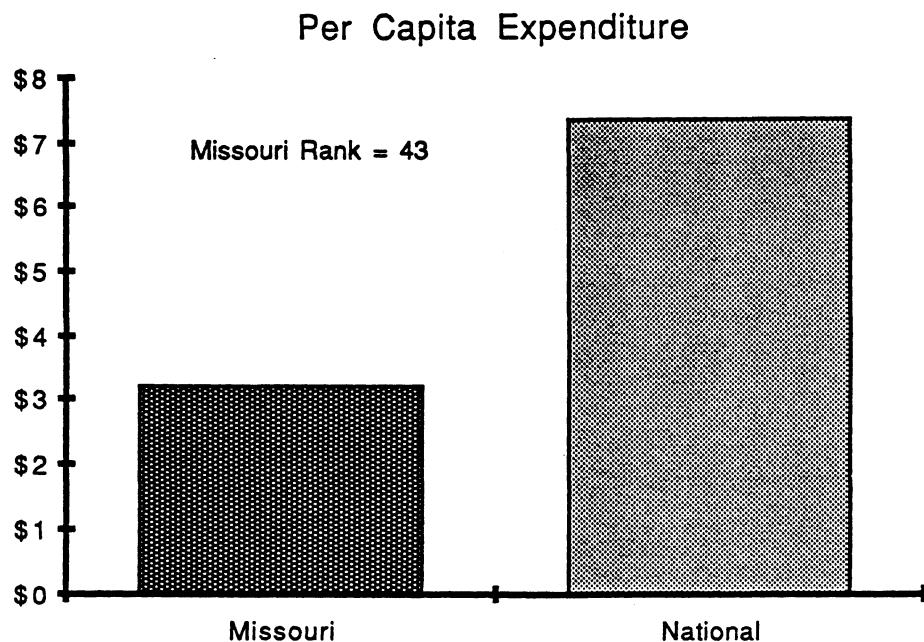


Figure 1. Per capita expenditures for state funded alcohol and other drug abuse programs in Fiscal Year 1987 for Missouri and the Nation.

Missouri does not seem to fare any better when compared to surrounding states, or states of comparable populations. Figure 2 shows that among the eight states surrounding Missouri, our state

ranked seventh in per capita expenditures for alcohol and other drug abuse services; compared to the eight states closest in population to Missouri, our state ranked eighth in per capita expenditures for these same services.

Total Per Capita Expenditures

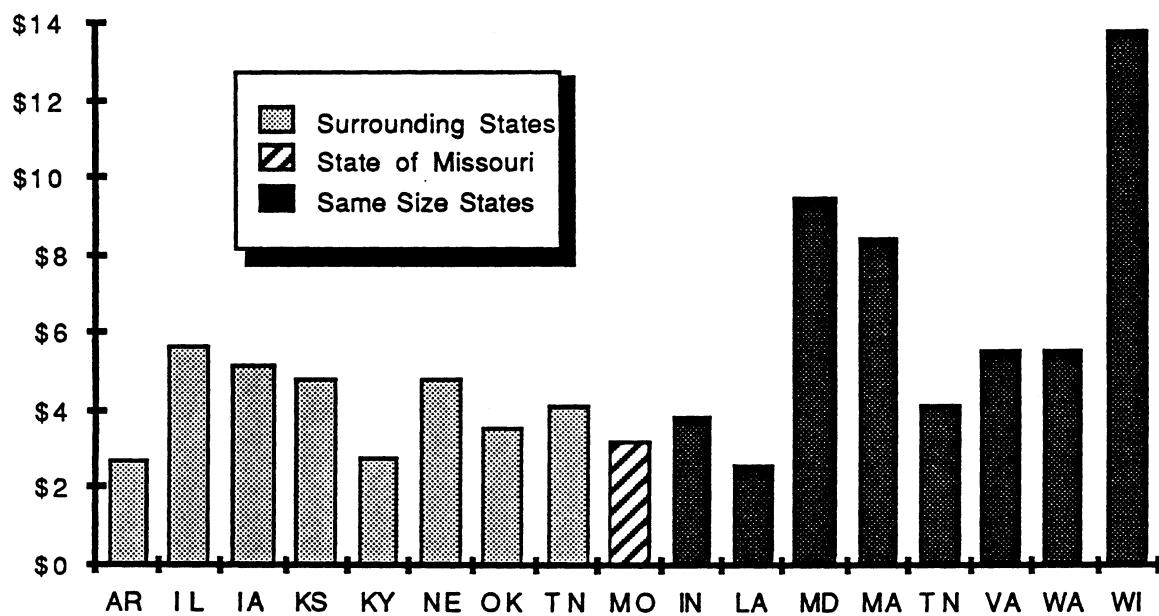


Figure 2. Total per capita expenditures for state funded alcohol and other drug abuse programs in Fiscal Year 1987 for Missouri, surrounding states and same size states.

The SADAP Report described expenditures by service type. The data indicated Missouri has a heavier emphasis on treatment services than prevention services as compared to the national average. In Missouri, approximately 89% of these funds purchased treatment services, 5% went toward prevention services and 6% were used for other services, such as administration, training, and consultation. Nationally, the breakdown is 77%, 12%, and 11%, respectively.

The sources of funding available for expenditure in Missouri included, state alcohol and other drug abuse funds, 62%, block-grant funds, 31%, and other funds, 7%. Nationally, the percentages for these sources were 45%, 15%, and 40%, respectively.

#### Admissions

Figure 3 shows the number of alcohol and other drug abuse admissions per 1,000 people for the United States and Missouri. Missouri ranked 35 among the 55 states and territories for this measure. There were 5.6 admissions for treatment per 1,000 people in Missouri. Nationwide there were 7.2 admissions per 1,000 people for alcohol and other drug abuse services.

Admissions for Alcohol and Other  
Drug Abuse

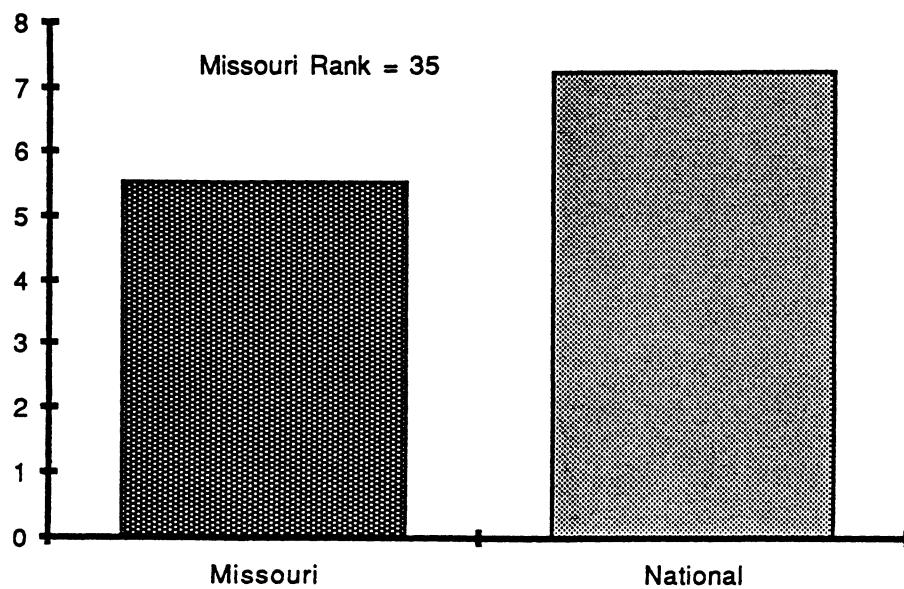


Figure 3. The number of alcohol and other drug abuse admissions per 1,000 population in Fiscal Year 1987 for Missouri and the Nation.

Figure 4 shows that the gap between Missouri and National expenditures for alcohol and other drug abuse services is greater than the gap between Missouri and National admission rates.

Missouri vs. National Data

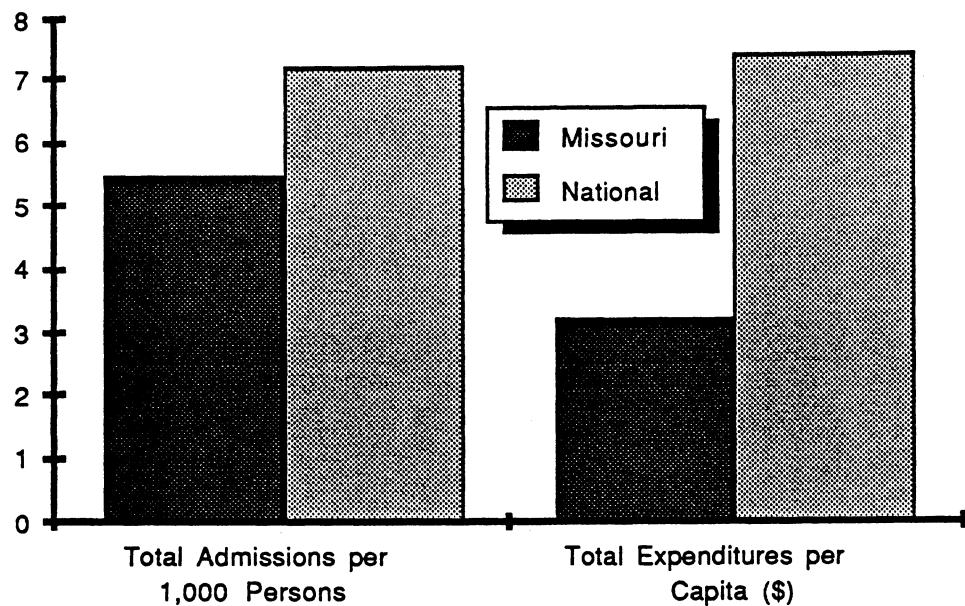


Figure 4. Missouri and National per capita expenditures and admissions per 1,000 population, Fiscal Year 1987.

Figure 5 shows that comparing the eight states surrounding Missouri and the eight states closest in population, our state ranked fourth in total admissions per 1,000 persons to the surrounding states and sixth in total admissions per 1,000 persons to those closest in population.

### Total Admissions Per 1,000 Persons

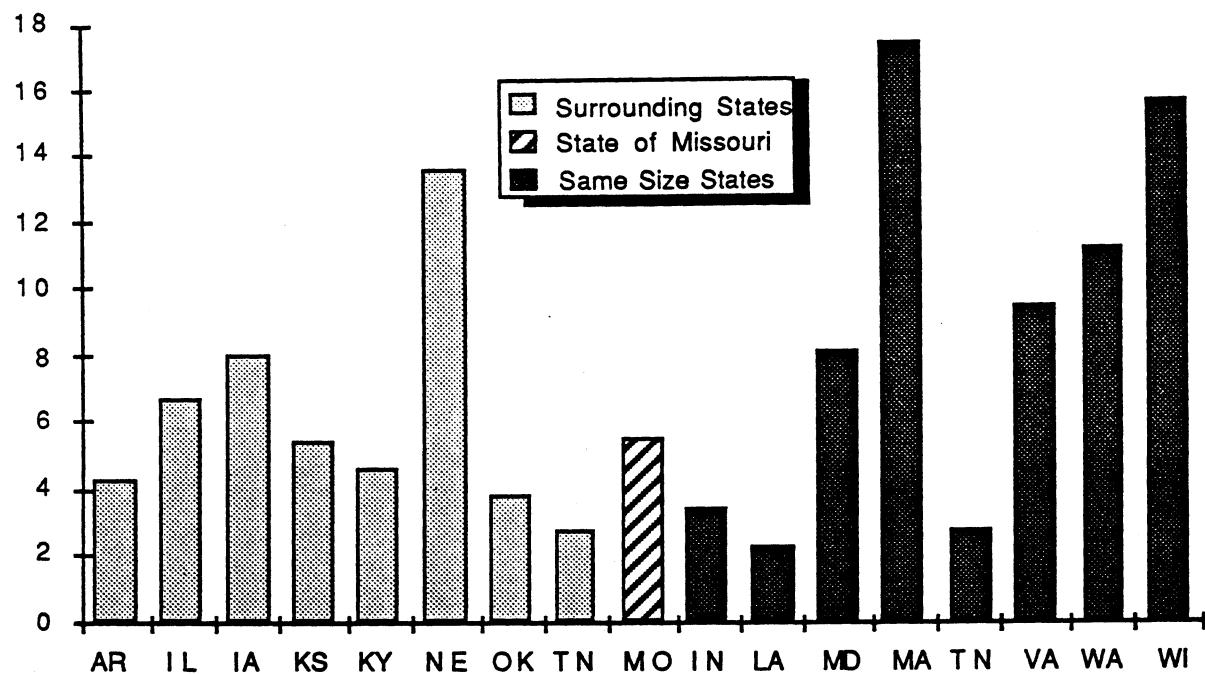


Figure 5. Total admissions per 1,000 persons for state funded alcohol and other drug abuse programs in Fiscal Year 1987 for Missouri, surrounding states, and same size states.

From Fiscal Year 1985 to Fiscal Year 1987, the number of alcohol admissions in the state rose 12.8%. This compares favorably to the national increase of 12.3%. Other drug admissions increased 41.5% in the state during the same time period while they grew nationally at a faster rate, 51.3%. Interestingly, Missouri ranked 8th out of 42 reporting states and territories in the percentage of other drug admissions who were IV drug abusers. This may foreshadow the need for intense AIDS-education/prevention efforts in our treatment programs.

### Program Type

Figure 6 shows the distribution of alcohol and other drug abuse admissions by type of treatment program. Missouri provided relatively more detoxification (44% vs. 33% of admissions) and residential (24% vs. 15% of admissions) services than the national averages and less non-residential (32% vs. 52% of admissions) services than the national average. These results are surprising given the low per capita expenditure and high per capita admission data. Non-residential services tend to be less expensive, thus the simple per capita expenditure and total admissions data would suggest that Missouri had more, rather than less, non-residential services. Taken together, these results suggest that the detoxification and residential services provided in Missouri are funded at a level substantially less than services offered elsewhere in the country.

Alcohol and Other Drug Admissions by  
Program Type

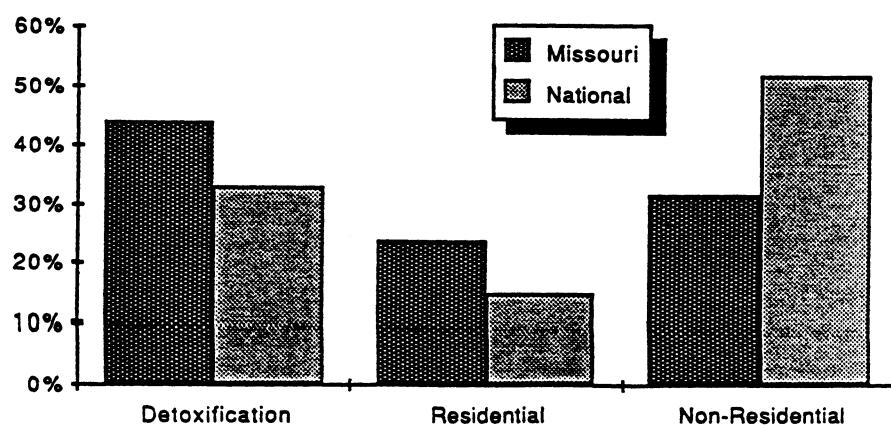


Figure 6. Distribution of alcohol and other drug admissions by type of treatment program.

Figure 7 shows the rate of admissions according to the type of program. This figure shows that the discrepancy between Missouri and national rates was even more pronounced for non-residential services. In Missouri, there were 1.8 non-residential admissions per 1,000 population. The corresponding national admission rate was 3.6 admissions per 1,000 population..

Distribution of Admissions by Type of Program

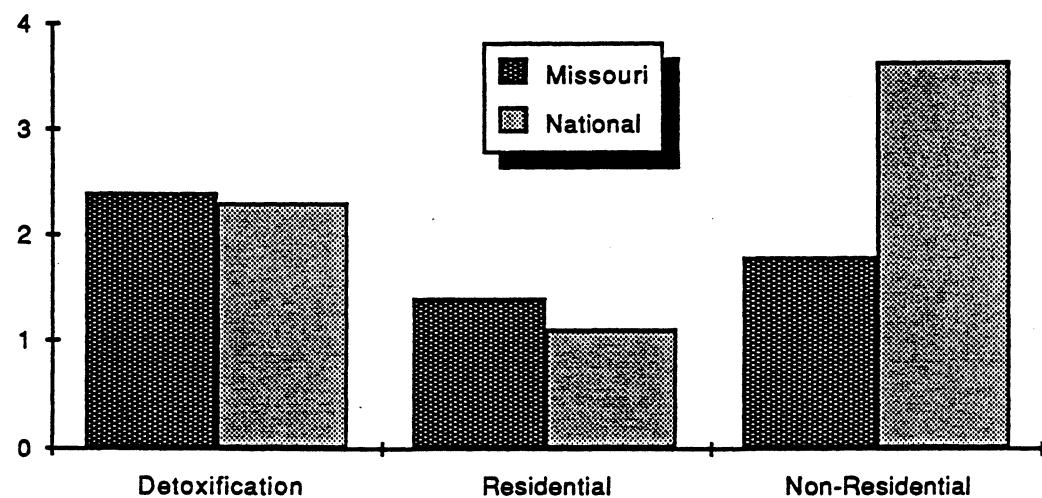


Figure 7. Number of alcohol and other drug abuse admissions per 1,000 population by type of program.

#### Demographics of Persons Served

The remaining figures address the appropriateness of the distribution of alcohol and other drug abuse resources in Missouri among population subgroups. These data provide us with a profile of the persons receiving services in Missouri as compared with a national profile.

**Substance of Abuse.** Figure 8 shows the distribution of admissions according to primary substance of abuse. As can be seen in this figure, the distribution of alcohol versus other drug admissions in Missouri very closely matched the national average. In Missouri, 77% of the admissions were for persons with alcohol as the primary drug of abuse, while nationwide that figure was 75%.

#### Alcohol vs. Other Drug Admissions

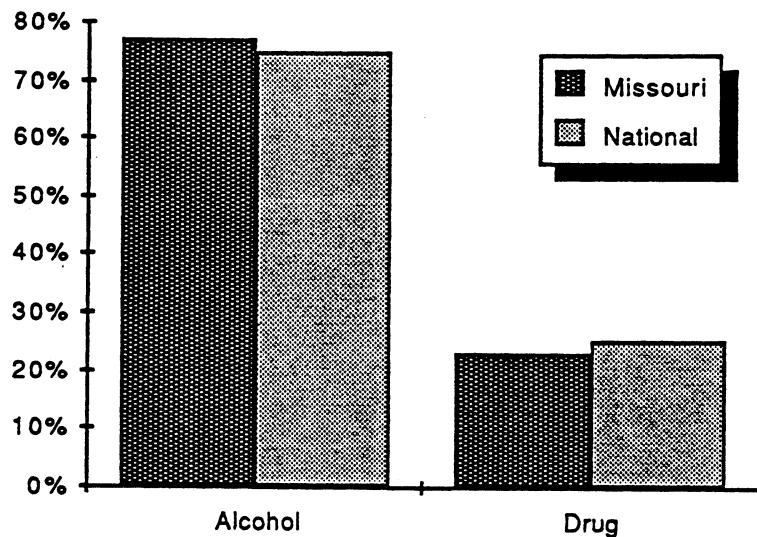


Figure 8. Percent distribution of alcohol vs. other drug admissions in Fiscal Year 1987.

Figure 9 shows the distribution of other primary drugs of abuse for persons admitted into our programs. As can be seen in Figure 9, there are striking differences between other drug abuse admission patterns in Missouri and the United States. For example, 28% of persons admitted nationwide reported primary heroin abuse problems, while only 13% of those admitted in Missouri reported a primary heroin problem. This difference most likely reflects differences in

actual drug use and admission patterns around the country rather than inappropriate allocation of resources in Missouri. Comparisons between the prevalence of opiate abuse in Missouri and persons admitted for opiate abuse in Missouri suggest that those admitted for opiate drug abuse were, if anything, served at a higher rate than expected (Missouri Division of Alcohol and Drug Abuse, 1986). Figure 9 also shows that marijuana was reported as a primary drug of abuse by significantly more persons admitted to treatment in Missouri (45% of admissions) than the United States (18% of admissions).

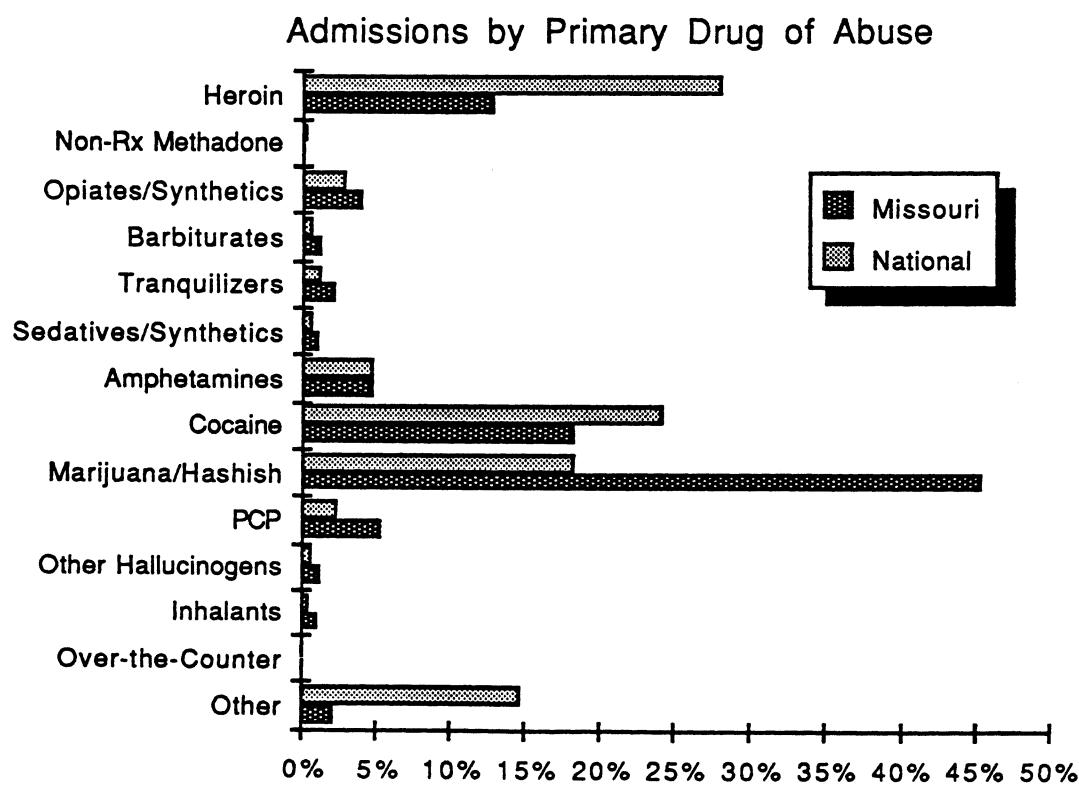


Figure 9. Percent distribution of primary drug of abuse for other drug abuse admissions in Fiscal Year 1987. Figures are for those admissions reporting a primary drug of abuse.

Finally, Figure 9 shows that persons abusing cocaine were admitted at lower rates in Missouri (18.3%) than the nation as a whole (24.1%). This result reflects the increasing use of cocaine in the United States. Drug epidemics typically begin on the east and west coasts and spread inward. Last year, 8% of Missouri admissions and 18% of national admissions were for cocaine. The increase in Missouri from 8% to 18.3% in one year indicates the epidemic has reached Missouri and further increases can be expected.

**Age.** Figure 10 shows the percent distribution of persons admitted according to age. As can be seen in Figure 10, Missouri admission patterns compare favorably to national admission patterns for age.

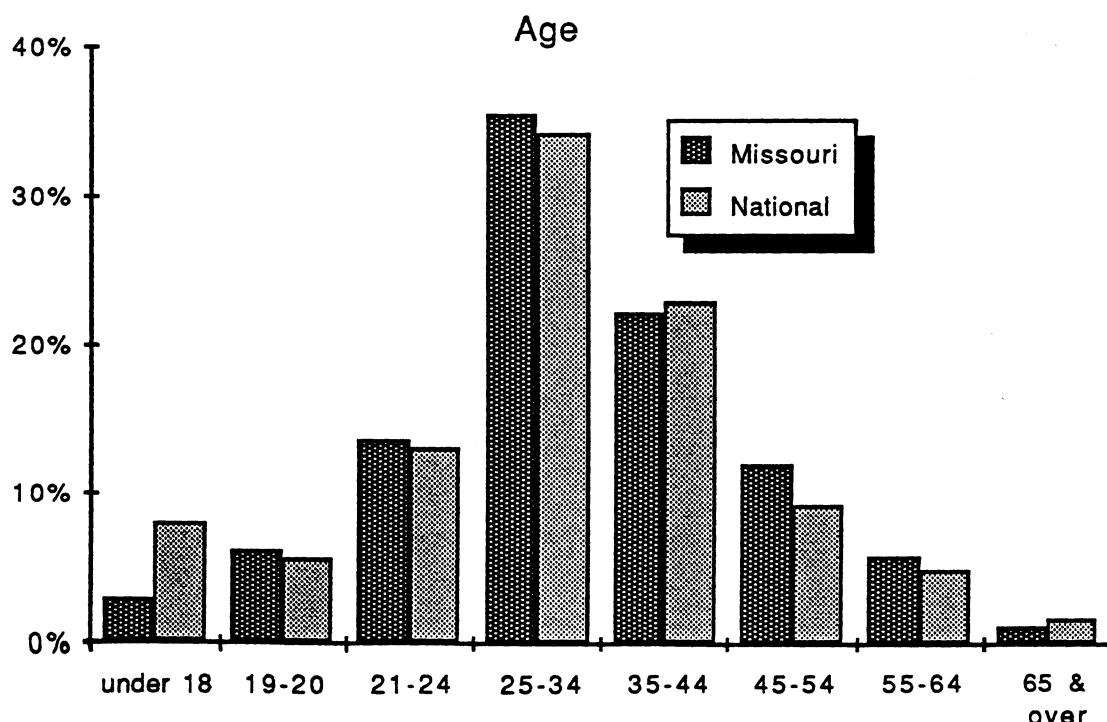


Figure 10. Percent distribution of persons admitted during Fiscal Year 1987 according to age.

The distributions show only minor discrepancies at all age categories, except for those under 18 years of age. Missouri served a smaller percentage of young persons than were served nationally. For admissions with age reported, 2.3% of alcohol admissions and 5.1% of other drug admissions were to persons under the age of 18 years. This compares poorly to the national breakdowns for this age category (4.8% alcohol and 17.2% drug).

**Sex.** Figure 11 shows the percent distribution of persons admitted according to sex. This data indicated that the patterns of those served in Missouri were comparable to national averages. Missouri programs admitted slightly more men than the national average (82% vs. 76%).

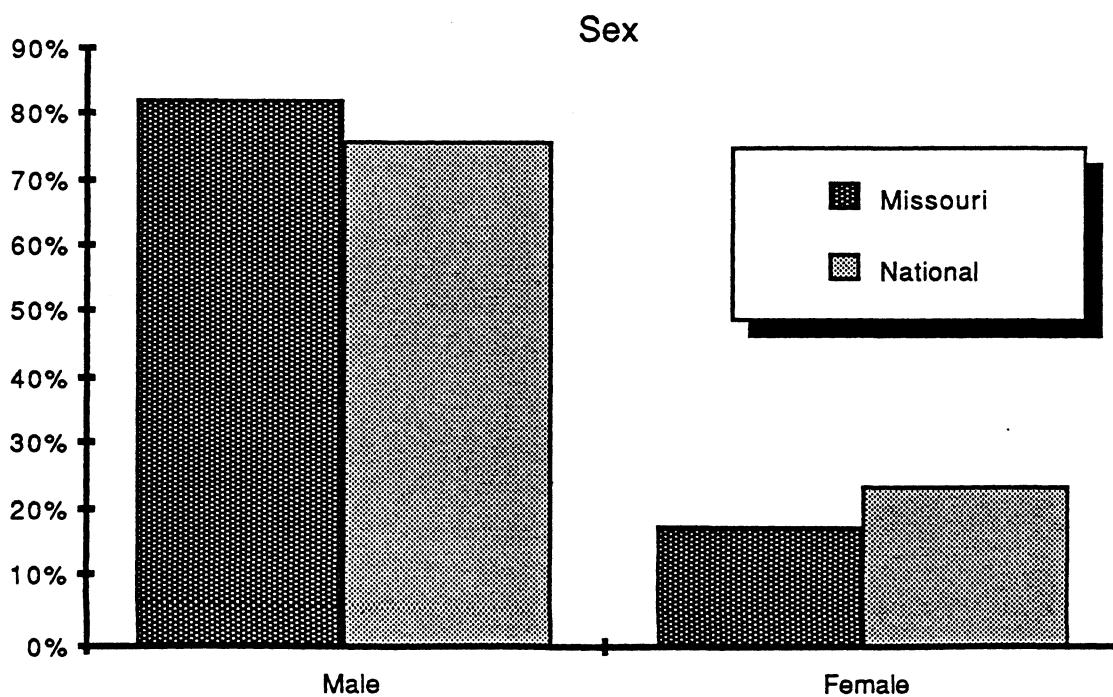


Figure 11. Percent distribution of persons admitted during Fiscal Year 1987 according to sex.

Race. Figure 12 shows the percent distribution of persons admitted according to race. Figure 12 shows that there were substantial differences between the United States and Missouri in the number of people of "other" racial and ethnic backgrounds admitted to alcohol and other drug abuse treatment. The "Other" race and ethnic group made up a small percentage of the Missouri treatment admissions compared to the country as a whole (1.7% vs. 11.0% of treatment admissions). The high admission rate for the "Other" category nationally was due primarily to the high admission rate for Hispanic persons. Nationally, over 7% of alcohol and drug abuse admissions were to people of Hispanic background. The national figures were heavily influenced by the large Hispanic populations in California and New York.

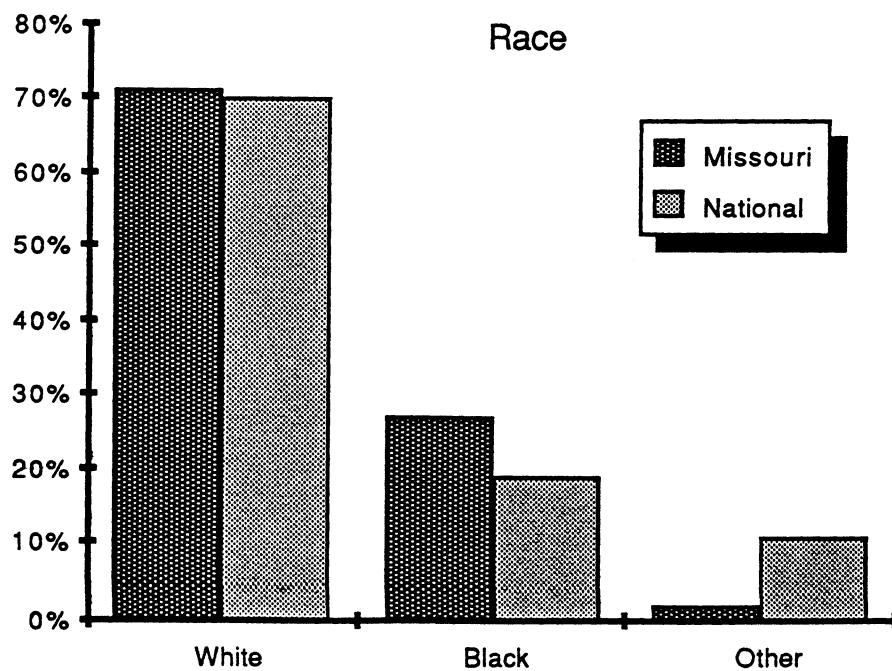


Figure 12. Percent distribution of persons admitted during Fiscal Year 1987 according to race.

The data presented above indicate that the admission patterns exhibited in Missouri compared favorably to those for alcohol and other drug abuse treatment nationally. There were three notable exceptions. First, Missouri treated relatively fewer persons abusing heroin and cocaine and proportionally more persons abusing marijuana than national averages. This difference most likely reflects different patterns of drug abuse in the United States versus Missouri. Secondly, Missouri treated substantially fewer Hispanic persons than the national average, although this difference reflects a smaller Hispanic population in Missouri than nationally. Finally, Missouri treated a smaller percentage of young people than the national percentage.

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#### REFERENCES

Butynski, W. and Canova, D. (1988). State Resources and Services Related to Alcohol and Drug Abuse Problems, Fiscal Year 1987. Washington: National Association of State Alcohol and Drug Abuse Directors.

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